

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101069245		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		1		1			53		
4		3		1			54		
5		3		1			55		
6	1		1				56		
7	1			1			57		
8		60		1			58		
9		60		1			59		
10		60		1			60		
11	1		1				61		
12							62		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			3				TOTAL IND.		
TOTAL DEP.			8				TOTAL DEP.		
TOTAL CLAIMS			11				TOTAL CLAIMS		

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